

## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

#### BALLOT QUESTION COMMITTEE COVER PAGE

E FILED AN 10: 46

OF AUG - 1 AN 10: 46

OF AUG - 1 SA PAUGHAN

OF A

This Statement covers From: Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper. 4. Committee's Mailing Address TENNESSEE ROSEVILLE, M, 4806,6 1. Committee I.D. Number 137553 2. Committee Name Area Code and Phone () 5% - 296-7374

Ilf the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filling official. EXCELLENCE IN GOUCHTION 5. Treasurer's Name and Residential Address LORI COOK 30695 TENNESSEE SEVILLE, MI 48066 586-296-7374 Area Code and Phone ( 6. Treasurer's Business Address Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone ( Area Code and Phone ( 8. TYPE OF STATEMENT: 8c. ANNUAL STATEMENT MAMENDMENT TO CAMPAIGN STATEMENT \_ Coverage Year) PRE- ELECTION 8a. (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended) OR 8d. QUALIFICATION ZYPOST- ELECTION OR 8f. DISSOLUTION OF COMMITTEE Pre-Election or Post-Election Statement relates to: Effective Date of Dissolution STATEMENT (Required of PRIMARY GENERAL State-wide Ballot Question Month Dav Committees Only) Year 🔀 ѕснооц ☐ SPECIAL By checking this item, I certify that the committee has no assets or outstanding debts, including late filling fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page. Date of Election: Date of Qualification or Non-Qualification: Month A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete. COOK, Form Cook Date 8/1/06 Current Treasurer or Designated Record Keeper



## SUMMARY PAGE BALLOT QUESTION COMMITTEE

2. Committee Name Excellence in Education

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
Contributions     a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$ 1646.00	Cumulative for Electronic Cycle
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>1646.00</u>	(20.) \$
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	(21.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ _ <b>33</b> 03 - <b>33</b>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$	
e. Subtotal of Expenditures	(8e.) \$ <u>3203</u> . 23	(22.) \$
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>3203.</u> 23	(24.) \$
IN-KIND EXPENDITURES  11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$	(25.) \$
DEBTS AND OBLIGATIONS  12. Debts and Obligations a. Owed by the Committee (Schedule 4E)	(12a.)\$	
b. Owed to the Committee (Schedule 4E)	(12b.) \$	
BALANCE STATEMENT		
Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)	(13.)\$ <i>3898.27</i>	
Amount received during reporting period     (Line 5, Column I, Total Contributions & Other Receipts)	(13.)\$ <u>3898.27</u> (14.)+ <u>1646.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>4544.27</u>	<del></del>
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.)	
17. ENDING BALANCE (Subtract line 16 from line 15)	(16.)- 3203,23 (17.)\$ /34/.04	*

<sup>\*</sup>If your ending balance is negative, please recheck your math.



# ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Wellevie in Education

2. Committee Name VCCC		
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each
F 1.101	•	Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt 3 f 1/0 6		
Name: Schepter, Sina	Ø	
Address: 29 540 John J; Roseville Mi 48066	40.00	
5. If over \$100.00 cumulative, please provide:	70700	
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 1 0 4. Date of Receipt 5/1/06		<del></del>
Name: De Felice, Lisa	Ø	``
Address: 15437 Curtis; Rosevelle Me 48066	50.00	
5. If over \$100.00 cumulative, please provide:		
Occupation Hackle Employer Rosevelle Achords		
Business Address 18530 Marquette Roswelle 46066		
Type of Contribution: Direct		
3. Contribution #3 4. Date of Receipt ///06		··· ·· · · · · · · · · · · · · · · · ·
Name: Renie Clark Brulders. 46C	8	
Address: 35/23 Wellston Que, Sterlein Hts 483/2	100.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address	i	
Type of Contribution: Direct		
3. Contribution # 4 4. Date of Receipt 5/1/6/5		
Name: Walan Eubanks	e.	
Address: 16937 12 Nile &d Porwelle. Nei 48066	50.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal)	240.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page



### **ITEMIZED CONTRIBUTIONS** SCHEDULE 4A BALLOT QUESTION COMMITTEE

I. Committee I.D. Number	_137553

SCHEDULE 4A r. Committee I.D. Number		
BALLOT QUESTION COMMITTEE 2. Committee Name 2.	llence i	n Education
middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt 3/1/06		
Name: At Mech . The	<b>#</b>	
Name: JJ Mech Inc Address: P.O. Box 680 Rosevelle. Mi 48066	200,00	
5. If over \$100.00 cumulative, please provide:	•	
OccupationEmployer		
Business Address		
Type of Contribution: Direct	1	
3. Contribution # 2 4. Date of Receipt #/28/0/5		
Name: McPherson, Cathy Address: 1728 Marchester; Grosse Pte Wds 48236	<b>#</b>	
Address: 1728 Marchester; Grosse Ste Was 48236	40,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person // Fund Raiser		
3. Contribution # 3 4. Date of Receipt 4/28/06	<del> </del>	
Name: Anuth, Rosenacce	4	
Address: 27521 Bohn; Rosevelle. Mi 48066	30.00	
5. If over \$100.00 cumulative, please provide:	ļ	
OccupationEmployer		
Business Address		
Type of Contribution:   Direct Loan from a person Fund Raiser		
3. Contribution # 4 4. Date of Receipt 4/>0/0/6		<u>.</u>
Name: La Feve, Michael	s⊗r	
Address: 36610 25 Mele Rd; New Baltemore, Mic 5. If over \$100.00 cumulative, please provide: 48047	30,00	
5. If over \$100.00 cumulative, please provide:	00,00	
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal) Grand Total of All Schedules 4A	200.00	
(Complete on last page of Schedule)		
•		

Enter this total on line 3a of Summary Page

Page <u>2</u> of <u>/0</u>



ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 37553

2. Committee Name A CUR	<u>eesce i</u>	N Camana
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution #1 4. Date of Receipt 4/21/06		date of receipt)
Name: Steenland, Jon	يقد ا	
Address: 53039 Bayberry; Muconb Nei	30.00	
5. If over \$100.00 cumulative, please provide:	00100	
OccupationEmployer		
Business Address		
Type of Contribution:		
3. Contribution #2 4. Date of Receipt 4/20/06		· · · · · · · · · · · · · · · · · · ·
Name: Gerse, Linda	50,00	
Address: 3529 Mare De; Sterlene Hts. Mi	50,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 4. Date of Receipt 7/28/06		
Name: Mc Guere, Jaren	d the said	
Address: 11183 Bay Shore Of; Clarkston. New	70,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	İ	
Business Address	ļ	
Type of Contribution:  Direct		
3. Contribution # 4 4. Date of Receipt //25/06		
Name: O'Keay, Martha	*	
Address: 49849 Hedden Valley: Maron botros, Ne	30,00	
5. If over \$100.00 cumulative, please provide:	İ	
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person		
Page Subtotal) Grand Total of All Schedules 4A	170.00	

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page

Page <u>3</u> of <u>/0</u>



# ITEMIZED CONTRIBUTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 4A	. Committee I.D. Number	37553		
BALLOT QUESTION COMMITTEE	2. Committee Name Excel	llence i	n Educati	1
ontributors name and address. If contribution is from an i	ndividual, enter last name, first name,	6. Amount	7. Cumulative for	7

Please enter contributors name and add 2000 2. Committee Name 2000	cence i	Caucall
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt 4/20/06		date of receipt)
Name: Quadrossi Carole	B	
Address: 56 Belleview; Mit Chemens. Mi	56.08	
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person		
3. Contribution # 2  4. Date of Receipt 4/20/06		
Name: Gaellals, Deboral	4	
Address: 47266 Warwick Ct; Shelby Jop, Du	50,00	
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person / Fund Raiser		
3. Contribution # 3		<del></del>
Name: Maskey, Vaniel	<i>a</i>	
Address: 29530 foremost; bosevelle, Mi	40.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer_		
Business Address		
Type of Contribution: Direct Loan from a person, / Fund Raiser		
3. Contribution # 4 4. Date of Receipt 7/21/06		
Name: Reskaw, Mark	4,	;
Address: 29600 Buthdale Bosenello Me	70,00	
5. If over \$100.00 cumulative, please provide: / 48066		
OccupationEmployer		
Business Address	ĺ	
Type of Contribution: Direct Loan from a person Fund Raiser	1	
Page Subtotal)	180.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

Page <u>4</u> of 10



### MICHIGAN DEPARTMENT OF STATE

Bureau of Elections

#### ITEMIZED CONTRIBUTIONS SCHEDULE 4A

SCHEDULE 4A 1. Committee I.D. Number	1075E	
BALLOT QUESTION COMMITTEE 2. Committee Name Calculation	llence is	· Education
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution #1 4. Date of Receipt // 17/06		date of receipt)
Name: acito, Gennie	₩.	
Address: 18235 Darquette; Bosevelle. Nei	40,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 2 4. Date of Receipt 4/20/06		
Name: Barbret, Tred	35.00	
Address: 27844 Bohn; Bosevelle, My	35.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution:   Direct  Loan from a person  Fund Raiser		1
3. Contribution #3 4. Date of Receipt /// 8/h 6		
Name: Swelanowské, kvin Address: 29256 Commanwealth; forerelle. Mu  5. If over \$100.00 cumulative, please provide:	6,1	
Address: 29256 Comma 1000 Del Para 100 )	45.00	
5. If over \$100.00 cumulative, please provide:	ļ	
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person // Fund Raiser		
3. Contribution # 4 4. Date of Receipt // 10.5/0/6	4	
Name: Van Houles, Saved	50,00	
Address: 19100 Warwick; Beverly Hells, Mu 5. If over \$100.00 cumulative, please provide:  Scription  Employer	00,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	}	
Business Address	1	
Type of Contribution:   Direct Loan from a person Fund Raiser		
Page Subtotal)	120.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

Page <u>5</u> of <u>10</u>



### MICHIGAN DEPARTMENT OF STATE

**Bureau of Elections** 

# **ITEMIZED CONTRIBUTIONS**

ITEMIZED CONTRIBUTIONS	1. Committee I.D. Number	62553	3
Solitable 4A	61	20000	- Fluest
Please enter contributors name and address. If contribution is from an individe middle initial.	2. Committee Name VCLL ual, enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of positive)
3. Contribution #1 4. Date of Receipt //	<b>≥4/0</b> /0	<del> </del>	date of receipt)
Name: Jourge Spretta  Address: 35723 Deverease; Clex  5. If over \$100.00 cumulative, please provide:	In Lop, Mi	\$40.00	
	48035		
OccupationEmployer			
Business Address			
Type of Contribution:	Fund Raiser		
3. Contribution # 2  4. Date of Receipt 4/2  Name: Varblow, Claudia	K/0 6		
Address: 26800 Herber; At Clair	Shores. Nei	50.00	
5. If over \$100.00 cumulative, please provide:	48081		
OccupationEmployer			
Business Address			
Type of Contribution:   Direct  Loan from a person	Fund Raiser		
3. Contribution #3  Name: Skednore, Saved  4. Date of Receipt 4/36	7/06	4	
Address: 14341 Berkshere; Realry	view Nie	40,00	
5. If over \$100.00 cumulative, please provide:	48142		
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #4 4. Date of Receipt // a	19/06		
Name: McCartney, Matt	/ 、 .	Ø	
Address: 27861 Brinker; Joseph	le. Nie 48066	26.00	
5. If over \$100.00 cumulative, please provide:	7000		
OccupationEmployer			
Business Address		ľ	
Type of Contribution: Direct Loan from a person	Fund Raiser		

Page Subtotal)
Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page

156.00

Page 6 10



ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number	137553	
2 2	collone in	F.L.

BALLOT QUESTION COMMITTEE 2. Committee Name	ecerce	a cauca
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt #/30/06	<del> </del>	date of receipt)
Name: Claserian, Judy Address: 2/7/7 Lakerhere; St Class Thores. Nu'	<b>*</b>	
Address: 21717 Lakeshere! St Class thores. Nu	25.00	
5. If over \$100.00 cumulative, please provide:	_	
OccupationEmployer		
Business Address	1	
Type of Contribution: Direct Loan from a person		
3. Contribution #2 4. Date of Receipt //20/06	-	
Name: Brelster, Lara	*	
Name: Brelster, Lakas Address: 28749 Hallycorod; Pasevelle. Muy8066	20,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address	-	
Type of Contribution: Direct Loan from a person , Fund Raiser		
3. Contribution #3  4. Date of Receipt 4/21/0 p		<del></del>
Name: Cook, Loui	4	
Address: 30695 Jennessee; Bosevelle, My 5. If over \$100.00 cumulative, please provide:	30.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	ĺ	
Business Address	ŀ	:
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 4. Date of Receipt 423/06		
Name: alexander. Serner	\$ ,	
Address: 25981 Acacia : Southfield, Min.	70,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution:   Direct Loan from a person Fund Raiser		
Page Subtotal)	115.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

Page 7\_\_ of 10



#### **ITEMIZED CONTRIBUTIONS** SCHEDULE 4A **BALLOT QUESTION COMMITTEE**

	cati
dividual, enter last name, first name,  6. Amount  7. Cumulative for Election Cycle for Contributor (Through date of receipt)	

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt // 20/06		date of todelpt)
Name: Wilson, Warren	4	
Address: 30631 Hedden Pener; Joseville. Nei	40,00	
5. If over \$100.00 cumulative, please provide:	10,00	
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person	:	
3. Contribution # 2  4. Date of Receipt 7/20/0 6		
Name: Witten, Cherel	<b>4</b>	
Name: Witten, Cherel  Address: 17926 Common Rd; Brevelle, Hei'4066  5. If over \$100.00 cumulative, please provide:	30,00	
5. If over \$100.00 cumulative, please provide:	20,00	:
OccupationEmployer_		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 4. Date of Receipt 7/20 /06		
Name: Zalewski, Darelen		
Name: Zalewske, Marilyn Address: 29070 Phreheerst, Doserelle, My 5. If over \$100.00 cumulative places provide:	2 , 0 , 8	
5. If over \$100.00 cumulative, please provide:	20,00	
OccupationEmployer_		
Business Address		
Type of Contribution: Direct Down a person Fund Raiser	1	
3. Contribution # 4 4. Date of Receipt 7/23/0 6		
Name: Lardner, Rehecea	30,00	
Address: 11171 Seamond, Sterlen Hts. Nei	30,00	
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	İ	
Business Address		
Type of Contribution:   Direct Loan from a person Fund Raiser		
Page Subtotal)	130.00	
Grand Total of All Schedules 4A		

Enter this total on line 3a of Summary Page

Page of 10



### MICHIGAN DEPARTMENT OF STATE

**Bureau of Elections** 

# ITEMIZED CONTRIBUTIONS

ITEMIZED CONTRIBUTIONS  SCHEDINE 4A 1. Committee I.D. Number_	137553	
DALLOT CHIEDRAL AND THE STATE OF THE STATE O	cellence o	F. /
Please enter contributors name and address. If contribution is from an individual, enter last name, first na	ime, 6. Amount	7. Cumulative for
middle initial.		Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt 4/22/06		date of receipt)
Name: Dreen, Ruth	8	
Address: 17812 Oaklale; Bosevelle. Muje	25.00	
5. If over \$100.00 cumulative, please provide:	066	
OccupationEmployer		
Business Address		
Type of Contribution:		
3. Contribution # 2 4. Date of Receipt 4/26/06		·
Name: Harley, Patrecea	8	
Address: 39596 Albroeder; Clerton Jop. Du	30.00	
5. If over \$100.00 cumulative, please provide:	ze	
OccupationEmployer		
Business Address		•
Type of Contribution: ☐ Direct ☐ Loan from a person // Fund Raiser	-	
3. Contribution #3 4. Date of Receipt //23/06		
Name: Mesley, Stellage.	8_	
Address: 27344 Leroy; Bosevelle, Sur 4806	50,00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person , Fund Raiser	-	
3. Contribution # 4 4. Date of Receipt 5/1/06		
Name: Hovet, Ladonga	#	
Address: 19215 Martin ; Servelle, She	, 30.00	
5. If over \$100.00 cumulative, please provide:	6	
OccupationEmployer		
Business Address	1	

Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)

Fund Raiser

Loan from a person

Enter this total on line 3a of Summary Page

135.00

Page 9 of 10

Type of Contribution:

☐ Direct



**ITEMIZED CONTRIBUTIONS** 

# **SCHEDULE 4A**

BALLOT QUESTION COMMITTEE 2. Committee N	ame Excellence C	a Educal
Please enter contributors name and address. If contribution is from an individual, enter last n middle initial.	ame, first name, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 4. Date of Receipt 4. Date		date of receipt)
Name: Leva, Dan	<i>#</i>	
Address: 26630 Oak; Bosevelle, Neu	4806h 30.00	
5. If over \$100.00 cumulative, please provide:	10000	
OccupationEmployer		
Business Address		
	d Raiser	
3. Contribution # 2 4. Date of Receipt		
Name: Start Carmel		
Name: Start Carmel  Address: 3607 Syralle; Reservelle  5. If over \$100.00 cumulative, please provide:	Mi \$20.00	
5. If over \$100.00 cumulative, please provide:	48066	
OccupationEmployer		
Business Address		
Type of Contribution:   Direct Loan from a person   Fund	l Raiser	
3. Contribution # 3 4. Date of Receipt		"···
Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution:  Direct  Loan from a person  Fund	Raiser	
3. Contribution # 4 4. Date of Receipt		
Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fun	d Raiser	j
Page Su		·
Grand Total of All Schedu (Complete on last page of Sc		

1. Committee I.D. Number

Enter this total on line 3a of Summary Page

Page 10 of 10



## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

# ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

1. Committee I. D. Number

2. Committee Name Kcellence in Education

BALLOT QUESTION COMMITTEE			A	
Name and address of person to whom paid	State purpose of expenditure.     Identify the ballot proposal involved.     Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
7				ior diddition
Name: Pastmarter - Sosevelle	4. Purpose: Pastage	.1 1	d d	
Address: 30550 Heatest	5. Ballot Proposal:	4/21/06	2080.00	
Dosevelle, ne 48066	Bonk		· ·	
Check box if expenditure is payment of debt or obligation reported on previous statement	County: Macont			
	ØSupport □ Oppose			
☐ Fund Raiser	☐ Statewide ☐ Local			
Expenditure # 2 Name: Calleen McCartney	4. Purpose: Poslage, refreshment	, ,	4	
Address: 27861 Brenker Bosevelle, Mi 48066	for Senior Cetycos	4/24/06	691.96	
Bosevelle. Nu 4806k	5. Ballot Proposal:	/ /		
☐ Check)box if expenditure is payment of debt or obligation	m.			
reported on previous statement	Egunty:			
☐ Fund Raiser	Support ☐ Oppose ☐ Local			
5 A A A A	4. Purpose (,)			·
Name: Strattle fosevelle	L'astage	., ,	*	
Address: (See above)		9/25/06	74.00	
, Address, ( 12.32 13.	5. Ballot Proposal:			
☐ Check box if expenditure is payment of debt or obligation				
reported on previous statement	County: Speone			
☐ Fund Raiser	Support			
	☐ Ŝtatewide ☐ Local			
Expenditure,#4 Name: Lynn Herkelisan	4. Purpase:	ed lo	8	
Name: Lynn Herkerian Address: 5900 Jall Oak Way	E Pollat Branchalt	5/2/06	23,00	
Buchlos, Mi 48116	5. Ballot Proposal:			:
Check box it expenditure is payment of debt or obligation	Magent &			
reported on previous statement	County: Oppose			
☐ Fund Raiser	Statewide			
	Subtotal this p	_	2868.96	
	Grand Total of Schedu		-	1
	(Complete on last page of S	cnedule)		1

Enter this total on Line 8a of the Summary Page

Page \_\_\_\_\_ of \_\_\_\_



#### MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

# ITEMIZED DIRECT EXPENDITURES

SCHEDULE 4B	mmittee Name			
BALLOT QUESTION COMMITTEE	THIRTING TABLE			
3. Name and address of person to whom paid	State purpose of expend     Identify the hallet propose		7. Amount	8. Cumulative
	<ol> <li>Identify the ballot proposed</li> <li>Indicate whether supported</li> </ol>			for election
Expenditure #1	4 Purpose:			
Name: Brent White	web sete &	xpenses		l
Address: 2853/ Jahre Bosevelle, Nu 48066		// -	<b>4</b>	
Address: 2005/	5. Ballot Proposal	5/2/00	89,20	İ
posevelle, Mr 48066	Gond		"	
Check box if expenditure is payment of debt or obligation	Maria	S. A.		ļ
reported on previous statement	County:			Į
_	Support	Oppose		ĺ
Fund Raiser	☐ Statewide	Local		
Expenditure # 2 Name:	4. Purpose:			
gree cover	Office suppo	lees,	#	
Name: Gake Conert Address: 16701 Bettman	rubber of	temp 4/24/0	48.14	İ
Audiess.	5. Bailot Proposal:		7 / /	
Doserelle, Mi 48066	Box			İ
Check boxitexpenditure is payment of debt or obligation	m			
reported on previous statement	County:	not		
☐ Fund Raiser	Support	☐ Oppose		
	Statewide	☐ Local		
Expenditure #3	4. Purpose	. 1		
Name: Spherea Vasel Address: 5314 Joekshire	Lee Dept res	tal,	4	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Kell och	neste Flula	196.93	
Address: 5314 pullshille	5. Ballot Proposal:	3/11/0	196.93	
Velyarby Mr. 48224	O. Dallot Toppsai.	<i>Q</i>		
Check box if expenditure is payment of debt or obligation				
reported on previous statement	County: Mac	ent		
□ <b>-</b>	Support	Oppose		
☐ Fund Raiser	Statewide	Local		
Expenditure # 4	4. Purpose:			
Name :	·			
Address:	5. Ballot Proposal:			
Check box if expenditure is payment of debt or obligation				
reported on previous statement	County:			
	☐ Support	☐ Oppose		
Fund Raiser	Statewide	[] Local	1	l

1. Committee I. D. Number \_

Subtotal this page Grand Total of Schedules 4B (Complete on last page of Schedule)

> Enter this total on Line 8a of the Summary Page

334.37

Page 2 of 2